

DEPARTMENT OF CORRECTION
POLICIES AND PROCEDURES

Policy No.: DOC 3.5.5	Subject: BEHAVIOR MANAGEMENT PLANS for Adult Locked Housing Units	
Chapter 3: INSTITUTIONAL OPERATIONS	Page 1 of 8	
Section 5: Special Management	Revision Date: June 30, 2003	
Signature: Bill Slaughter	Effective Date: 10/16/03	

I. POLICY: It is the policy of the Department of Corrections locked housing units to use a comprehensive strategy to deal with and try to end an inmate's repeated dangerous and/or assaultive conduct. The strategy addresses chronic, serious behavior problems not associated with serious mental illness. The strategy is not punishment, but may include a period of time in which the prison takes the inmate's personal items and privileges and returns them in intervals when the inmate demonstrates he can conform his conduct and be free of dangerous and assaultive conduct.

II. PURPOSE: The purpose of this policy is to stop dangerous and/or assaultive inmate behaviors because such behaviors threaten the safe and orderly running of the institution, threaten the physical safety of staff, other inmates and the public that enters the prison, and harm efforts at inmate rehabilitation. This policy also promotes staff accountability and implementation of consequences for dangerous and/or assaultive behavior.

III. AUTHORITY:

DOC: 1.1.3 Organization and Responsibility

State v. Mark Walker, 2003 MT 134, 316 Mont. 103, 68 P.3d 872.

IV. IMPLEMENTATION:

The District Court for Cascade County approved this plan in an order dated October 2, 2003, and Chief Legal Counsel Koch conducted training on the policy on October 15, 2003, so facilities may implement it effective October 16, 2003.

V. DEFINITIONS:

Activate the Plan: When there is an appropriately formulated BMP plan in place, the

plan may be activated when an inmate engages in the inappropriate conduct that is identified in the plan. The prison staff puts the inmate on Step #1 of the plan when it is activated.

Assaultive Conduct: Conduct in which an inmate attacks another. Examples include, but are not limited to instances in which an inmate: throws offensive items such as bodily substances or fluids; constantly barrages another with threatening or verbal assaults; and/or attacks another with or without a weapon.

Dangerous Conduct: Conduct that threatens the security and/or orderly operation of the facility, encourages or incites a disruptive atmosphere, or creates a serious health hazard. Dangerous conduct may include destruction of state property, sexual misconduct, and self-injurious conduct in which an inmate engages if the self-injurious conduct is not the result of a serious mental disorder.

BMP Plan: A plan on which the prison places an inmate to end the inmate's Assaultive and/or dangerous conduct. The plan is in effect for six months and during the six months the Unit Management Team in conjunction with the mental health professional can activate the plan when the inmate engages in the conduct the plan seeks to end. The Unit Manager or designee will deactivate the plan when the inmate has successfully completed steps one through three.

Serious Mental Disorder A clinical disorder that is a disorder of thought, mood or anxiety included under Axis I of the DSM; i.e., schizophrenia, major depression, bi-polar disorder, PTSD, or panic disorder. It does not include personality disorders; i.e., borderline, antisocial, or paranoid personality disorders.

VI. PROCEDURES:

A. The prison may initiate a BMP plan only when:

1. The inmate has a documented history of repeated episodes of assaultive and/or dangerous conduct within the last six (6) months and when other management tools have not prevented or stopped the assaultive and/or disruptive behavior. The plan is **not punishment** but is the last recourse for controlling an inmate's dangerous and/or assaultive conduct; and
2. A mental health professional has performed a psychological assessment of

the inmate in the week before the prison initiates the plan and has concurred with each of the following:

- a. The assaultive and/or dangerous behavior is not the direct result of an Axis I serious mental disorder.
- b. The inmate is knowingly, willingly and purposely engaging in the assaultive and/or dangerous behaviors.
- c. That a higher level of mental health care or observation is not indicated.
- d. The inmate's mental status is not presently deteriorated or deteriorating.

B. Development of the BMP plan.

- 1. If all of the requirements of A. above are met, then the Unit Management Team, in consultation with a member of the Mental Health staff will draft the plan.
- 2. The plan must include the following:
 - a. The specific assaultive and/or dangerous conduct in which this inmate has engaged so as to necessitate the plan;
 - b. Examples of appropriate conduct that the plan is designed to achieve;
 - c. The actions the prison will take to attempt to modify the assaultive and/or dangerous conduct; i.e., turn water off, steps one-three, etc.
 - d. The date on which the plan will become effective;
 - e. The date on which the plan will end; and,
 - f. The signatures of the Unit Management Team and the mental health staff person who helped prepare the plan;
- 3. The Unit Manager will provide the inmate with a copy of the BMP plan and will review it with the inmate. The Unit Manager will apprise the inmate of the following:
 - a. The inappropriate conduct in which the inmate has engaged;

- b. The appropriate conduct the Unit expects;
 - c. That if the inmate engages in any of the specified inappropriate conduct the prison will place the inmate on Step #1 of the plan;
 - d. If the inmate starts Step #1 of the plan, the inmate must successfully complete all steps of the plan before he will be returned to his pre-plan status;
 - e. The different steps of the plan and what he should expect in each step; and,
 - f. That the plan is not punishment, but a method to gain his compliance with appropriate expectations.
- 4. The Unit Manager or his/her designee will sign and date the original plan and attempt to have the inmate sign the plan if the inmate's behavior is not out of control;
 - a. The plan will be placed in the inmate's Unit file and the mental health files.
 - b. If the inmate refuses to sign the plan, the Unit Manager will so note the inmate's refusal.
- C. Activation of the Plan. The inmate will be on the BMP plan for six months. The Unit Manager or designee can activate the plan any time during the six months if the inmate violates the specific provisions of his/her plan.
 - 1. The Shift Commander must approve activation of a Plan.
 - 2. The Shift Commander must notify the Warden or Duty Officer of the need to activate a plan and must notify and consult with the mental health staff.
 - 3. The officer in charge of the inmate's unit must prepare an Incident Report (for an appropriate form see MSP Policy Attachments) and supply the necessary data on the form.
- D. The Plan:
 - 1. Step #1:
 - a. The inmate will have all items removed from his cell.

- He will receive a security mattress,
 - Security blanket, and
 - Safety gown.
- b. Meals will consist of only NutraLoaf in an appropriate container on Step #1.
- c. The Unit staff will turn off the inmate's water in his/her cell if the inmate has previously flooded his/her cell and the plan seeks to end the inmate's previous flooding behavior.
- d. An inmate must maintain 48 hours of appropriate conduct identified in the plan to progress to Step #2.
- e. Staff shall observe an inmate on Step #1 at random intervals but shall conduct a minimum of three welfare checks during every shift and will document the appropriate information on the Step #1 Log
2. Step #2:
- a. The inmate will progress to Step #2 after 48 hours of appropriate conduct.
- b. In Step #2 the inmate receives his pillow and state-issue clothing.
- c. An inmate must maintain another 24 hours of appropriate conduct as identified in the plan to progress to Step #3.
3. Step #3:
- a. The inmate will progress to Step #3 after 24 hours of appropriate conduct on Step #2.
- b. Control of the water in the cell will be returned to the inmate if it was deemed appropriate to remotely control the water to prevent flooding.
- c. An inmate on Step #3 will receive regular bedding and regular meals.
- d. After 24 hours of appropriate conduct on Step #3, the Unit

Manager will deactivate the Plan and reinstate all privileges that are appropriate to the inmate's custody level.

4. An inmate who is on an activated BMP Plan must maintain basic hygiene and must keep his cell clean or he will be returned to Step 1. He will be offered showers every two days.
5. An inmate on an activated BMP plan who initially has control of his water and uses an item, such as security clothing, security mattress, NutraLoaf, or security blanket, to plug the toilet, will lose control of the water to custody staff and will be returned to Step 1.
6. An inmate on an activated BMP Plan will not be offered out-of-cell recreation while on the Plan.
7. Any time during activation of the Plan that the inmate engages in prohibited conduct described in his plan, he will be placed back on Day Number One of Step #1.
8. The inmate will be on the BMP plan for six months.
 - a. The Unit Management Team will deactivate the plan if the inmate has complied and progressed through steps 1, 2, and 3.
 - b. A deactivated Plan will remain in place for the entire six months and can be activated or reactivated at any time during the six months.
 - c. The Unit may enact a new BMP after six months, but must follow all appropriate procedures to enact a new Plan.

E. Mental Health Issues During Activation of a Plan

1. Unit staff shall immediately notify the Command Post, a Mental Health Clinician, and the Infirmary if the inmate exhibits any of the following:
 - a. The inmate makes statements or exhibits conduct that indicates he is in imminent danger of self-harm or suicide.
 - b. The inmate exhibits ongoing signs of severe depression, such as lack of sleep, decreased energy or motivation, or hopelessness.

c. The inmate exhibits signs of confusion. Signs exhibited include but is not limited to:

- He seems unaware of where he is and what is occurring around him.
- He seems to have severe memory impairment
- He seems unable to comprehend other people's speech and actions.
- He appears to be responding to internal stimuli, such as auditory hallucinations.
- He appears to be overly suspicious of others or their intent.
- He exhibits extremely bizarre beliefs or thoughts that other people cannot understand (for example: "I have a radio transmitter attached to my brain").

d. He exhibits bizarre or ritualistic conduct.

2. The Mental Health staff will, in a timely fashion, assess the inmate's mental health condition if staff makes a notification under #1 above and,

a. The mental health staff will terminate the Plan if, in the opinion of mental health staff,

1. The inmate's present behavior is the direct result of an Axis I serious mental disorder; or
2. The inmate is not knowingly, willingly and purposely engaging in the present assaultive and/or dangerous behaviors; or,
3. The inmate needs a higher level of mental health care or observation; or,
4. The inmate's mental status is presently deteriorated or deteriorating.

b. Mental Health Staff will determine an appropriate placement based on the results of the evaluation.

D. BMP Plan Reviews

1. The Plan and the inmate's compliance or noncompliance will be reviewed:
 - a. If an inmate is on Step#1 of an active plan for seven consecutive days;
 - b. Weekly if the inmate is on the activated Plan longer than a week.
2. The Plan Review Committee consists of:
 - a. The Warden or his/her designee;
 - b. The prison mental health professional;
 - c. The Unit Management Team;
 - d. The Weekly Administrative Review Committee (MSP), or in another facility, an appropriately constituted committee.
3. On active Plan reviews, the Committee may change Plan details as appropriate, but must inform the inmate in writing of Plan changes.

VII. CLOSING:

Questions concerning this policy shall be directed to the Warden, Deputy Warden, or the Mental Health Professionals.